

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	1		1				51		
2		1		1			52		
3	1		1				53		
4		1		1			54		
5	1		1				55		
6		1		1			56		
7	1		1				57		
8	1		1				58		
9	1		1				59		
10		2		3			60		
11		3		3			61		
12		2		3			62		
13	1		1				63		
14	1		1				64		
15	1		1				65		
16		3		3			66		
17		2		3			67		
18		3		3			68		
19		3		3			69		
20	1		1				70		
21	1		1				71		
22		2		2			72		
23		2		2			73		
24		2		2			74		
25	1		1				75		
26		1		1			76		
27	1		1				77		
28		1		1			78		
29	1		1				79		
30		1		1			80		
31	1		1				81		
32							82		
33		2		2			83		
34	1						84		
35		1					85		
36		2					86		
37		2					87		
38	1						88		
39	1						89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	18		15				TOTAL IND.		
TOTAL DEP.	41		36				TOTAL DEP.		
TOTAL CLAIMS	59		51				TOTAL CLAIMS		

3607

22
9
31

31
13
49

59
20
57